MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/019294 **FILING DATE**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
2		1					51							
3		1					52							
4		1					53							
5		(1)					54							
6		.1					55							
7		1					56							
8		(1)					57							
9		(1)					58							
10		(1					59							
11		1					60							
12		1					61							
13		(1)					62							
14		1					63							
15		(1					64							
16							65							
17							66							
18		1		1			67							
19							68							
20				1			69							
21				1			70							
22				1		1	71							
23				1		1	72							
24				1		1	73							
25				1		1	74							
26				1			75							
27				1		1	76							
28				1		1	77							
29				1		1	78							
30				1		1	79							
31				1		1	80							
32						1	81							
33						1	82							
34						1	83							
35							84							
36							85							
37							86							
38							87							
39							88							
40							89							
41							90							
42							91							
43							92							
44							93							
45							94							
46							95							
47							96							
48							97							
49							98							
50							99							
TOTAL IND.							100							
TOTAL DEP.	14		18		16		TOTAL IND.							
TOTAL CLAIMS	15		3		17		TOTAL DEP.							
							TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1360 (REV. 3-78)